

Table 1 Clinical and laboratory findings

Groups	Total	<i>H. pylori</i> n	(% positive)
Endoscopy			
Chronic gastritis	156	66	(42.3)
Duodenal ulcer	17	11	(64.7)
Age			
3–10	71	29	(40.8)
11–17	102	48	(47.1)
Sex			
M	79	43	(54.4)
F	94	34	(36.2)
Total	173	77	(44.5)

abdominal symptoms (Table 1). Biopsies were taken and the presence of *H. pylori* was determined by urease test, Gram stain as well as histoglobulin. 77 of 173 patients were positive (44.5% of the prevalence was higher in the duodenal ulcer group). The prevalence was not significantly greater in the 3–10 year age group than in the 11–17 year group. There was a higher infection rate in boys than in girls. One patient, had a *H. heilmanii* infection. He presented with abdominal pain and had gastritis and duodenitis on endoscopy. *H. heilmanii* was identified on Gram stain as a tightly spiral shaped bacterium.

In Bulgaria, as in developing countries, the rate of infection is high and *H. pylori* appears to be acquired by 3 years of age. The higher prevalence in boys might explain the higher incidence of peptic ulcer and gastric cancer in males. The association of *H. pylori* and duodenal ulcer is lower in children than in adults.

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Biological racism

I have been trying unsuccessfully to discover the meaning of the term racism. In his textbook *Sociology* (1993), Giddens defined a racist as 'someone who believes that a biological explanation can be given for characteristics of superiority or inferiority

supposedly possessed by people of a given physical stock'. By this definition, many reputable doctors and psychologists investigating racial differences in disease and intelligence are racists. On the other hand, I was unable to confirm in *Mein Kampf* that Hitler was a racist by this definition. Professor Biddiss disagrees (June 1997 *JRSM*, pp 342–6). He states 'Racism aspired to present all political and cultural phenomena in essentially biological terms'. He refers to 'racist ideas' in the book and to the 'racist regime' that came to power under Hitler in 1933. Certainly there is a 'parasitic vocabulary of abuse running through *Mein Kampf*', but I could not find in the book that Hitler relied on or resorted to biological explanations or justifications for his hatred of the Jews. Perhaps Biddiss used racist in a non-biological sense, which did apply to the Nazis.

Mein Kampf is not a pleasant read, so perhaps I missed something. Could Biddiss please state explicitly where in the book biology and medicine were 'harnessed to the cause of preserving and enhancing Aryan supremacy'? Scientists reporting genetic differences in behaviour are often accused of being Nazis, so it is important to clarify exactly what Hitler believed and why.

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Author's reply

Mr Gordon might find it helpful to adopt a more rigorous definition of racism. My own usage referred to the belief that races not only are radically different from each other, but are also, essentially for reasons of

heredity rather than environment, fundamentally unequal in their civilizational capacities; and indeed that this racial hierarchization is the absolutely central determinant of the whole historical process. Virtually every page of *Mein Kampf* testifies to that delusion, though it is readily encapsulated in the section on Nation and Race (vol. 1, chapter 11). So extreme was Hitler's racial contrast of the Aryans against, and over, the Jews in particular that it called into question even the human status of the latter. Thus his parasitological vocabulary moved from metaphor to a reflection of allegedly literal realities. The Führer's obsession with the biological dimension was constantly underlined, as in the 'table talk' of 22 February 1942: 'The battle in which we are engaged today is of the same sort as the battle waged, during the last century, by Pasteur and Koch. How many diseases have their origin in the Jewish virus! . . . We shall regain our health only by eliminating the Jew.' I strongly reiterate the central contention of my own paper, that in the Nazi era a lot of seemingly 'reputable' doctors did indeed go along with racist views thus defined. If Mr Gordon knows of any physicians who still think broadly along those lines (whether or not these practitioners are hesitant about driving on to fully genocidal conclusions), then I and my fellow-patients of all ethnic origins would do well to avoid them.

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A cure for ague

Dr Keeble's paper (May 1997 *JRSM*, pp 285–90) raises the question of when cinchona was first used to treat the ague in Europe, quoting the year 1643 or thereabouts. There is evidence for this date in the writings of Lazare Rivière (1585–1655), physician, teacher and writer, professor of medicine at Montpellier.

Among the 300 'observations' (case notes) completing his textbook of systematic medicine *Omnia Praxis Medica*, there are 56 cases, all dated, of tertian and quartan ague and their treatment. These cases can be divided, by date, into two groups—before and after 1645. Rivière managed the first group (13 in number) in the conventional manner by purgation, vomiting, and venesection. The 43 patients in the second group fell ill in 1645 or thereafter